



# RENAISSANCE E.M.S. YOUTH MUSIC CLASS REGISTRATION FORM

Check Class:  Keyboard  Guitar  Bass  Drums  Vocals  Saxophone  Master Vocals

Registration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Gender:  Male  Female Grade \_\_\_\_\_

Name of School \_\_\_\_\_ Borough of School: \_\_\_\_\_

Does your school offer music?  Yes  No If yes:  Orchestra  Band  Chorus Does your school offer music?  Yes  No If yes:  Orchestra  Band  Chorus  Other: \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_ ( Participant  Guardian)

Parent/ Guardian's Name: \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Tel # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Provider: \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

Are there any medical conditions that should be brought to our attention?  Yes  No

If yes, what? \_\_\_\_\_

**The information requested below is optional, but necessary for reporting to funders the population that we serve:**

Household Recipient of (check all that apply):  Public Assistance  Medicaid  Food Stamps  SSI

Household Status:  Single Parent  Both Parents  Other \_\_\_\_\_

Ethnicity:  Hispanic  African American  Caucasian  Native American  Other \_\_\_\_\_

Income Status (check one):  5k – 10k  10k – 15k  15k – 20k  20k – 25k  25k – 30k  
 30k – 35k  35k – 40k  40k – 45k  45k – 50k  50k & Up

**Waiver Release Form:** *I herewith consent to participate without compensations as a participant in the Renaissance – E.M.S. program. Renaissance Education, Music and Sports Inc., its representatives, successors, and assignees, may use and license others to use, my image, statements and/or voice for publication, re-publication, cable casting, re-cable casting, direct exhibition and subsidiary purpose including, without limitation, use in all media for the purpose of publicizing and promoting the Renaissance – E.M.S. program. I hereby indemnify you and your licensees representing any claim arising from my acts or statements at Renaissance.*

\_\_\_\_\_  
Parent/Guardian Print Name Parent's/Guardian's Signature Date

\_\_\_\_\_  
Participant Name Participant's Signature Date

**- Office Use Only -**  
 Check when application is entered into the system.

-OFFICE USE ONLY-

CYCLE:  FALL  WINTER  SPRING  SUMMER YEAR:20   Day: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Check Class:  Keyboard  Guitar  Bass  Drums  Vocals  Saxophone  Master Vocals

Check Level:  1 (Beginner)  2 (Intermediate)  3 (Advanced)

SIBLINGS IN PROGRAM?  NO  YES # \_\_\_\_\_ Fee: \_\_\_\_\_  NO PAYMENT  Scholarship

PAYMENT \_\_\_\_\_ DATE \_\_\_\_\_ RECEIPT# \_\_\_\_\_ INITIALS \_\_\_\_\_ BAL. DUE \_\_\_\_\_

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